

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212510963</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>FedEx Corporate Services, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2012</b></p> <p>SCC ID NO: <b>F1426446</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 942 S SHADY GROVE RD</p> <p style="text-align: center;">CITY/ST/ZIP: MEMPHIS, TN 38120</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: T MICHAEL GLENN  TITLE: P/CEO/CHM  ADDRESS: 942 S SHADY GROVE RD  CITY/ST/ZIP/CO: MEMPHIS, TN 38120 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: T MICHAEL GLENN TITLE: P/CEO/CHM ADDRESS: 942 S SHADY GROVE RD CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHERRY A. AAHOLM  TITLE: EVP  ADDRESS: 40 FEDEX PARKWAY  CITY/ST/ZIP/CO: COLLIERVILLE, TN 38017 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SHERRY A. AAHOLM TITLE: EVP ADDRESS: 40 FEDEX PARKWAY CITY/ST/ZIP/CO: COLLIERVILLE, TN 38017	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD COLLERAN  TITLE: EVP  ADDRESS: 3610 HACKS CROSS RD  CITY/ST/ZIP/CO: MEMPHIS, TN 38125 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD COLLERAN TITLE: EVP ADDRESS: 3610 HACKS CROSS RD CITY/ST/ZIP/CO: MEMPHIS, TN 38125	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DONALD COLLERAN TITLE: EVP ADDRESS: 3610 HACKS CROSS RD CITY/ST/ZIP/CO: MEMPHIS, TN 38125	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JILL C. BRANNON  TITLE: SVP  ADDRESS: 3640 HACKS CROSS ROAD  CITY/ST/ZIP/CO: MEMPHIS, TN 38125 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JILL C. BRANNON TITLE: SVP ADDRESS: 3640 HACKS CROSS ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38125	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JILL C. BRANNON TITLE: SVP ADDRESS: 3640 HACKS CROSS ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38125	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	MARK J. COLOMBO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	30 FEDEX PARKWAY		
CITY/ST/ZIP/CO:	COLLIERVILLE, TN 38017		
NAME:	DAVID B. EDMONDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3610 HACKS CROSS ROAD		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38125		
NAME:	JAMES H. FERGUSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GENERAL COUNSEL		
ADDRESS:	942 SOUTH SHADY GROVE ROAD		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120		
NAME:	KEVIN M. HUMPHRIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	40 FEDEX PARKWAY		
CITY/ST/ZIP/CO:	COLLIERVILLE, TN 38017		
NAME:	ERIC L. KEANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3610 HACKS CROSS ROAD		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38125		
NAME:	REBECCA C. MCCLENDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1715 AARON BRENNER DRIVE		
CITY/ST/ZIP/CO:	SUITE 600 MEMPHIS, TN 38120		
NAME:	MARK A. MCGOUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	942 SOUTH SHADY GROVE ROAD		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120		
NAME:	ROBERT T MOLINET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	942 S SHADY GROVE RD		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120		
NAME:	DANIEL J. MULLALLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3610 HACKS CROSS ROAD		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38125		
NAME:	TAMARA S. PAYNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	40 FEDEX PARKWAY		
CITY/ST/ZIP/CO:	COLLIERVILLE, TN 38017		
NAME:	KENNETH J. SPANGLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1000 FEDEX DRIVE		
CITY/ST/ZIP/CO:	MOON TOWNSHIP, PA 15108		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAJESH SUBRAMANIAM SVP 3660 HACKS CROSS ROAD MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURIE A. TUCKER SVP 3610 HACKS CROSS ROAD MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E. WEBB SVP 3640 HACKS CROSS ROAD MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID G. ZANCA SVP 10 FEDEX PARKWAY COLLIERVILLE, TN 38017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J. BRONCZEK DIRECTOR 3610 HACKS CROSS ROAD MEMPHIS, TN 38125	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN B. GRAF, JR. DIRECTOR 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J. LOGUE DIRECTOR 1715 AARON BRENNER DRIVE SUITE 600 MEMPHIS, TN 38120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID F. REBHOLZ DIRECTOR 1000 FEDEX DRIVE MOON TOWNSHIP, PA 15108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE P. RICHARDS DIRECTOR 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK W SMITH DIRECTOR 942 S SHADY GROVE RD MEMPHIS, TN 38120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT T MOLINET SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT T MOLINET, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/28/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			